

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 01964

2. Fiscal Year Covered From:

1 / 1 / 2000 Through: 12 / 31 / 2000

3. Name and address of person filing.

Name Jay Mazur

P.O. Box, Bldg., Room No., if any 6th Floor

Street 275 Seventh Avenue

City New York

State New York ZIP Code + 4 10001

4. Name, file number, and address of labor organization.

Name UNITE

Labor Organization File Number 000-381

P.O. Box, Building and Room Number, if any 10th Floor

Street 275 Seventh Avenue

City New York

State New York ZIP Code + 4 10001

5. Position in labor organization. President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name Amalgamated BankTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union SquareCity New YorkState New YorkZIP Code + 4 10003☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Amalgaated BankTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union SquareCity New YorkState New YorkZIP Code + 4 10003

11.a. Nature of such dealing.

Cost	# of Shares	Price Per Share
\$4,975	25	\$199

11.b. Approximate dollar value of such dealing.

\$6,389

12.a. Nature of interest held or income received.

\$561.00 in dividends
\$17,850.00 in fees

12.b. Amount.

\$18,411

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.